

**APPLICATION FOR EMPLOYE BENEFIT PLAN  
ADMINISTRATOR LICENSE**

**Ref:** Chapter 633, Wis. Stat.  
Ch. Ins 8, Subch. II, Wis. Adm. Code



State of Wisconsin  
Office of the Commissioner of Insurance  
Agent Licensing Section  
P.O. Box 7872  
Madison, WI 53707-7872  
(608) 266-8699  
<http://oci.wi.gov/agentlic.htm>

Check One:

- ☐ Original Application
- ☐ Renewal Application  
Current License # \_\_\_\_\_

**INSTRUCTIONS:** This application together with the \$100.00 nonrefundable fee is required for original and renewal licensure, and must be completed and resubmitted by August 1 of each year. Refusal to provide this information will result in denial of license. Personally identifiable information on this form will be matched with information from other states and law enforcement agencies.

**SECTION 1**  
**PLEASE COMPLETE THE BLANKS AND CHECK THE APPROPRIATE BOXES BELOW**

Business Entity Name			FEIN		
DBA/Trade Name (if applicable)				State of Domicile	
Business Address		City		State	Zip
Phone Number (    )    -		Fax Number (    )    -		Incorporation/Formation Date (month)____(day)____(year)_____	
Mailing Address		P.O. Box	City		State    Zip
Contact Person (for questions relating to the application filing)				Phone Number (    )    -	
Type of Organization (check one)					
<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship					
<input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Limited Liability Partnership					
<input type="checkbox"/> Individual					
Name _____					
Social Security # _____					
Wisconsin Agent Licensing # _____					
Address _____					
P.O. Box _____					
City _____ State _____ Zip+4 _____					

## SECTION II BIOGRAPHICAL INFORMATION

**INSTRUCTIONS:** \*Answer Y for "Yes" and N for "No" for all questions in Section II. If you answer "YES" to any of the questions, it will be necessary for you to attach copies of the documentation listed to your application. Failure to attach the documentation will delay the issuance of your license and may result in the denial of your license. Applications are reviewed on an individual basis after they are received by OCI, and decisions cannot be made prior to receipt of the complete application by OCI.

1. Has the business entity or any owner, partner, officer or director ever been convicted of, or is the business entity or any owner, partner, officer or director currently charged with, committing a crime, whether or not adjudication was withheld?  
 "Crime" includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations and juvenile offenses. "Convicted" includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, or having been given probation, a suspended sentence or a fine.  
 If you answer yes, you must attach to this application:
  - a) a written statement explaining the circumstances of each incident,
  - b) a copy of the charging document, and
  - c) a copy of the official document which demonstrates the resolution of the charges or any final judgment
2. Has the business entity or any owner, partner, officer or director ever been involved in an administrative proceeding regarding any professional or occupational license?  
 "Involved" means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, placed on probation or surrendering a license to resolve an administrative action. "Involved" also means being named as a party to an administrative or arbitration proceeding which is related to a professional or occupational license. "Involved" also means having a license application denied or the act of withdrawing an application to avoid a denial. You may exclude terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.  
 If you answer yes, you must attach to this application:
  - a) a written statement identifying the type of license and explaining the circumstances of each incident,
  - b) a copy of the Notice of Hearing or other document that states the charges and allegations, and
  - c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.
3. Has any demand been made or judgment rendered against the business entity or any owner, partner, officer or director for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding?  
 If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment.
4. Has the business entity or any owner, partner, officer or director ever been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement?  
 If you answer yes, identify the jurisdiction(s): \_\_\_\_\_
5. Is the business entity or any owner, partner, officer or director a party to, or ever been found liable in any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty?  
 If you answer yes, you must attach to this application:
  - a) a written statement summarizing the details of each incident,
  - b) a copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, and
  - c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.
6. Has the business entity or any owner, partner, officer or director ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct?  
 If you answer yes, you must attach to this application:
  - a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and
  - b) copies of all relevant documents.

Name and Title	Date of Birth (mandatory)	Social Security No. (mandatory)	Wisconsin Insurance Intermediary License Number (if applicable)	Section II Answers*					
				1.	2.	3.	4.	5.	6.

**SECTION III  
PERFORMANCE BOND REQUIREMENTS**

**INSTRUCTIONS:**

A. If this is an initial application, file a bond meeting the requirements of s. Ins 8.28, Wis. Adm. Code (sample bond attached as APPENDIX I). If this is a renewal application and the projected amount under B.2. or C.2. has increased since your last application, file proof that the bond continues to meet the amount required.

B. If the administrator collects premiums or employee contributions, or commingles in a fiduciary account funds belonging to more than one employee benefit plan, the bond shall be in the greater of the following amounts:

1. \$25,000; or
2. 10% of the total amount of projected premiums, charges, and claim funds (excluding worker's compensation and warranty plan business) on behalf of Wisconsin residents for your next fiscal year, but not to exceed \$500,000.

\$\_\_\_\_\_ X 10% = \$\_\_\_\_\_

C. If the administrator does not collect premiums or employee contributions, and maintains a separate fiduciary account for each employee benefit plan administered, the bond shall be in the greater of the following amounts:

1. \$15,000; or
2. 5% of the total amount of projected claim funds (excluding worker's compensation and warranty plan business) on behalf of Wisconsin residents for your next fiscal year, but not to exceed \$250,000.

\$\_\_\_\_\_ X 5% = \$\_\_\_\_\_

D. Also, state amount of premiums, charges, and claim funds handled for Wisconsin residents for your most recently completed fiscal year:

\$\_\_\_\_\_

**SECTION IV  
FINANCIAL STATEMENT**

**INSTRUCTIONS**

Submit financial statement for the administrator's most recently completed fiscal year, prepared on a generally accepted accounting basis including: assets, liabilities, and net worth; the results of operations; and the changes in net worth for the fiscal year on the accrual basis. Include a statement as to whether the administrator collects premiums or employee contributions, and whether the administrator maintains a separate fiduciary account for each plan administered.

**SECTION V  
CERTIFICATION**

I have read and knowingly made the foregoing statements and representations and certify that each statement and representation is true to the best of my knowledge. I understand that any misrepresentation, false statement, or fraud in connection with this application may be cause for revocation or suspension of a license issued or may be cause for denial of application in addition to any other actions or penalties or both.

If the administrator is a corporation or partnership, I certify that it has designated or will designate an individual in the corporation or partnership to directly administer each plan.

I intend to act in good faith as an employee benefit plan administrator and to comply with all applicable Wisconsin laws and with all applicable rules and orders of the Wisconsin Commissioner of Insurance. I agree to be subject to the jurisdiction of the Commissioner of Insurance and the Wisconsin courts on any matter related to my administrator activities in Wisconsin and to accept service of process under ss. 601.72 and 601.73, Wis. Stat.

Signature of Applicant	Title
Name (Please Print)	Date

APPENDIX I  
(Sample)

Bond No. \_\_\_\_\_

STATE OF WISCONSIN  
OFFICE OF THE COMMISSIONER OF INSURANCE  
EMPLOYEE BENEFIT PLAN ADMINISTRATOR BOND

I/we \_\_\_\_\_ (name of administrator) of the City of \_\_\_\_\_, County of \_\_\_\_\_, State of \_\_\_\_\_, an employee benefit plan administrator, as principal, and \_\_\_\_\_ (name of surety) an insurer authorized to transact surety business in Wisconsin, as surety, are held and firmly bound to the Wisconsin Commissioner of Insurance in the sum of \_\_\_\_\_ (\$ insert amount of bond) for the payment of which I/we bind myself/ourselves, and my/our heirs, executors, administrators, successors, and assignees, jointly and severally. This bond is payable to any Wisconsin resident who is the beneficiary of an employee benefit plan administered by the principal and to any such plan on behalf of the Wisconsin residents who are plan beneficiaries in the event of injury caused by a failure of the principal to fulfill the conditions of this bond, but in no event shall the surety's aggregate obligation exceed \_\_\_\_\_ (\$ insert amount of bond).

The principal is now, or is applying to become, licensed under s. 633.14, Wis. Stat., as an employee benefit plan administrator and is obligated as a licensee to faithfully perform the responsibilities specified under ch. 633, Wis. Stat., and ch. Ins 8, subch. II, Wis. Adm. Code.

If the principal, while this bond is in force and effect, makes a full accounting and due payment to the persons entitled to the funds coming into its possession as an incident to employee benefit plan administrator activities, and complies with all the provisions of ch. 633, Wis. Stat., and any applicable administrative rules promulgated by the Wisconsin Commissioner of Insurance, then the obligation of the surety shall be null and void; otherwise the surety's obligation remains in full force and effect.

This bond is effective \_\_\_\_\_ (insert date) and is continuous. It may be terminated by the surety, upon giving sixty (60) days' advance written notice of its intention to terminate to the Commissioner of Insurance, Madison, Wisconsin.

Dated at \_\_\_\_\_ (city), \_\_\_\_\_ (state), this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_.

\_\_\_\_\_  
Surety

\_\_\_\_\_  
(Signature of Principal) - Social Security Number

\_\_\_\_\_  
Signature of Company Officer

\_\_\_\_\_  
Signature of Attorney-in-Fact